

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069902

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		/					52		/	/
3		/					53	/		/
4		/					54		/	/
5		/					55		/	/
6		/					56	/	/	/
7		/					57	/	/	/
8		/					58	/	/	/
9		/					59	/	/	/
10		/					60		/	/
11		/					61		/	/
12		/					62		/	/
13		/					63		/	/
14		/					64		/	/
15		/					65		/	/
16		/					66		/	/
17		/					67	/	/	/
18		/					68		/	/
19		/					69		/	/
20		/					70		/	/
21	/	/					71		/	/
22		/					72		/	/
23	/	/					73		/	/
24		/					74		/	/
25		/					75		/	/
26		/					76		/	/
27	/	/					77		/	/
28		/					78		/	/
29		/					79		/	/
30		/					80		/	/
31		/					81		/	/
32		/					82		/	/
33		/					83		/	/
34		/					84		/	/
35		/					85		/	/
36		/					86	/	/	/
37		/					87		/	/
38		/					88		/	/
39		/					89		/	/
40		/					90		/	/
41		/					91		/	/
42		/					92		/	/
43		/					93		/	/
44		/					94		/	/
45		/					95		/	/
46	/	/					96		/	/
47		/					97		/	/
48		/					98		/	/
49		/					99		/	/
50		/					100		/	/
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			